

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						SERIAL NO.	FILING DATE	
						APPLICANT(S)		
CLAIMS								
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT			
	IND	DEP	IND	DEP	IND	DEP	IND	DEP
1	1							
2	1							
3	1							
4	1							
5	3							
6	2							
7	2							
8	3							
9	3							
10	3							
11	3							
12	3							
13	2							
14	1							
15	1							
16	1							
17	3							
18	1							
19	1							
20	1							
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47								
48								
49								
50								
TOTAL IND.	11							
TOTAL DEP.	46	←	↓	←	↓	←	↓	←
TOTAL CLAIMS	57	██████	██████	██████	██████	██████	██████	██████